

ASSIGNMENT INFORMATION	CLIENT NAME	
	ADDRESS	CITY
	REPORT TO:	TIME DEPT.

TA-3

APPERSON

CALL 1-800-438-0162



Workforce Solutions

COMPANY NAME	WEEK ENDING SUNDAY
ADDRESS	CITY

EMPLOYEE NAME	HOLD MY CHECK <input type="checkbox"/>	MAIL MY CHECK <input type="checkbox"/>
	DIRECT DEPOSIT <input type="checkbox"/>	
SOCIAL SECURITY NUMBER	AVAILABLE FOR WORK? YES <input type="checkbox"/>	NO <input type="checkbox"/>
EMPLOYEE SIGNATURE	WHEN AVAILABLE?	

**IMPORTANT FOR EMPLOYEE:** BY EXECUTING THIS FORM, EMPLOYEE AGREES TO TERMS AND CONDITIONS ON REVERSE SIDE; CERTIFIES THAT THIS FORM IS TRUE AND ACCURATE, AND THAT NO INJURIES WERE SUFFERED.

DAY	DATE	HOURS TO NEAREST QUARTER HOUR				
		STARTED	FINISHED	LESS LUNCH	REG HOURS	O.T. HOURS
MON						
TUES		PLEASE DRAW LINES THROUGH DAYS NOT WORKED				
WED						
THUR						
FRI						
SAT						
SUN						

MINIMUM FOUR (4) HOURS PER EMPLOYEE PER DAY*	REGULAR	OVERTIME
	HRS MIN	HRS MIN

**CLIENT:** PLEASE WRITE TOTAL HOURS IN WORDS TO NEAREST QUARTER HOUR ABOVE

TOTAL HOURS

PLEASE PRINT NAME (CLIENT)	TITLE
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AUTHORIZED SIGNATURE (CLIENT)	IS THIS EMPLOYEE CONTINUING THIS ASSIGNMENT? YES <input type="checkbox"/> NO <input type="checkbox"/>
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**IMPORTANT FOR CLIENT:** BY EXECUTION OF THIS FORM, CLIENT CERTIFIES THAT: HOURS SHOWN ARE CORRECT; WORK WAS DONE SATISFACTORILY; AND THAT CLIENT AGREES TO THE TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS FORM. PLEASE DRAW LINE THROUGH UNUSED SPACES ABOVE.